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THE OPERATING ROOM TECHNIQUE OF ST. LUKE'S HOSPITAL, NEW YORK

By JENEVIEVE VAN SYCKEL

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THE main points towards which we aim are: (1) Simplicity of detail. (2) Economy of time and material. (3) Reduction of labor of preparation.

Economy of time is of great value to both surgeon and patient and is appreciated by both. An explanation of our routine will show how we seek to accomplish this.

All the materials used in the operating room (towels and sheets for draping, dressings, pads, and packing) are sterilized in conveyance cans or drums, which are placed in the operating room on frames fitted with foot pedals to open and close the lids. These sterile supplies are used directly from these drums, so that there are no bundles to be opened, and all the work of "setting up" the room can be done by one sterile nurse.

The utensils, such as basins and irrigating cans, are of white enamel ware, and are boiled in a steam basin sterilizer, from which they are taken as needed by the sterile nurse, and in which they can be reboiled if necessary between cases.

A few small glasses and glass bottles for "scrubbing up" solutions are soaked in the bichloride tub. The supplies are arranged for convenience in three drums; one is packed with sheets, towels, and table covers for the draping; another contains sponges packing and dressings, and will supply six or eight cases; the third is filled with a Prometheus electric heating apparatus, and contains various sizes of pads for walling off the viscera; and towels; which in this way are kept moist and hot, ready for immediate use, and so does away with the necessity of wringing out in hot water, and of being exposed for any length of time before being used. This surely is a safeguard when we remember that these pads are going into the abdominal cavity and might so easily carry infection.

The jars containing suture materials are soaked in Harrington's fluid (bichloride of mercury 1.5 Gm., acid hyd. chlor., 100 c.c., glycerine, 100 c.c., alcohol, 1,200 c.c., aqua 2000) to sterilize the outsides, and so can be handled by the sterile nurse.

The room can easily be "set up" in twenty minutes by one nurse, the number of cases to follow making no difference. Her hands are sterilized by scrubbing with green soap and brush for five minutes, nails cleaned, hands scrubbed again for two minutes, rinsed with alcohol and ether, and soaked in bichloride 1:1000 for three minutes.

The furniture to be used is washed off with bichloride. She then puts on gloves and places dry sterile covers on the tables, making the simplest possible draping; those on the instrument table being changed for each case.

The suture materials are placed on one table and covered with a bichloride towel and so, with the aid of sterile forceps, can be handled without unsterilizing them.

Iron rings which have been boiled with the basins are placed in sockets fitted to tables or wall. In these are set the basins for hand douches, which are filled directly from the sterile water-tanks (the taps being handled with bichloride towels); to these are added saline and antiseptics as desired. The sodium chloride for making hand douches and irrigations is made up in 10 per cent. solution and put in pint bottles, which are covered and sterilized, so that the bottles may be handled by the sterile nurse, who in this way can make up and change the basins without assistance, one ounce of the solution to one pint of water making approximately a normal saline; this we use for everything except infusions.

The antiseptic solutions, such as bichloride 1-8, are kept in large glass bottles, fitted with stop-cocks which can be manipulated with the foot.

The gloves are packed and sterilized in the same kind of drums and are taken directly from the drums when needed, the hands, of course, being scrubbed up before going into the glove boxes. Gauntlets for the arms and powder are also kept in the glove boxes.

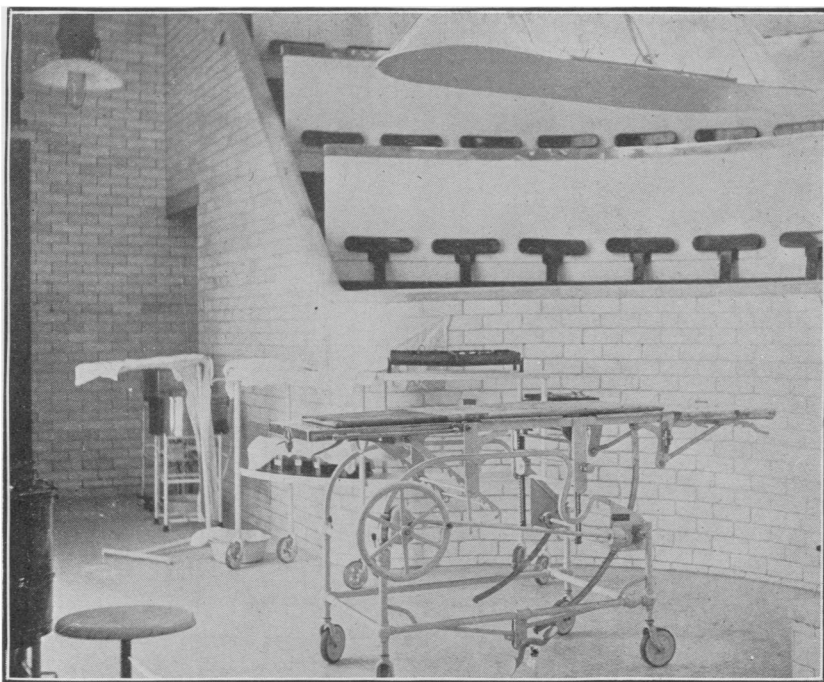
This constitutes practically all the preliminary preparation necessary.

The work during operations is arranged for three nurses.

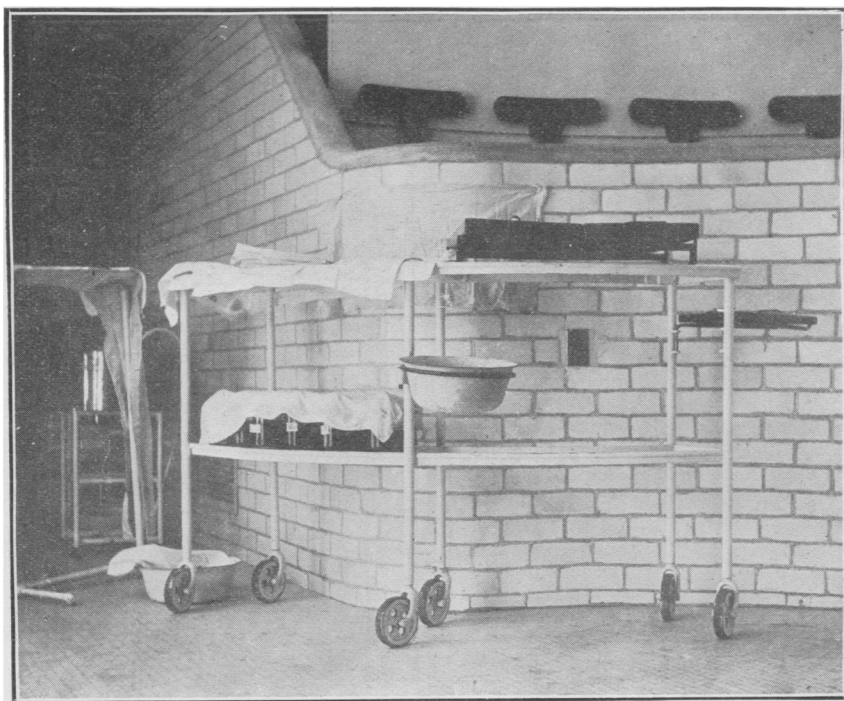
The nurse in charge who "runs" the room and keeps it clean, a senior, and a junior nurse. The duties of each are as follows:

The nurse running the room drapes and assists in scrubbing up the cases. (The patients are anæsthetized on the tables, two tables being used alternately). The scrubbing up and draping are done in the etherizing room, and in this way each succeeding case may be prepared while the one previous is being finished. Thus we do away with any delay between cases.

The table is then wheeled into the operating room. The stand from



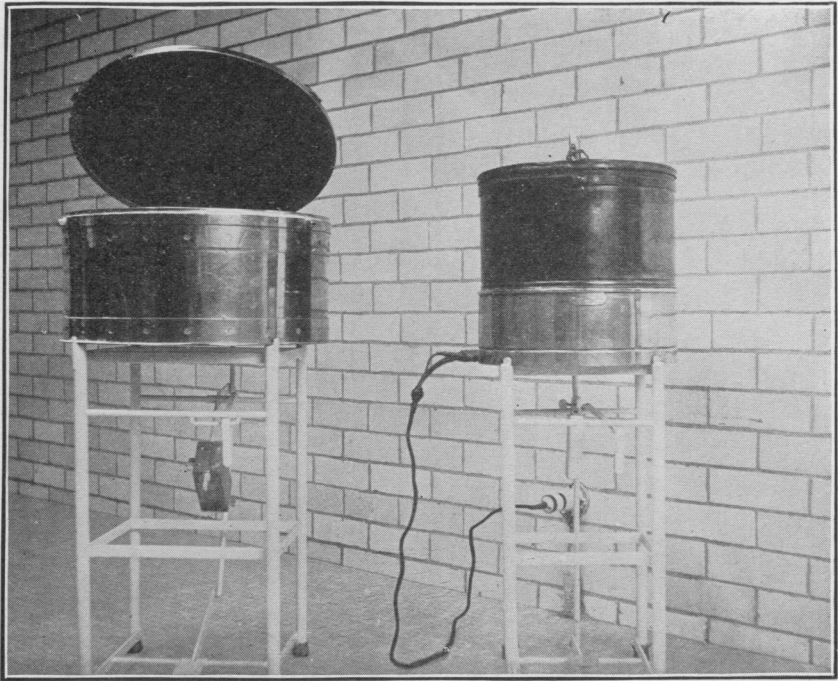
THE OPERATING TABLE.



A MOVABLE STAND.



BOTTLES OF SOLUTION WITH FOOT TAPS.



DRESSINGS AND HOT TOWEL DRUMS.

which the instruments are handed is placed across the operating table. Sponges and wipes are taken from the drum with forceps and placed on this stand, a few at a time; these are kept supplied by the clean nurse, as are also pads and hot towels when needed. The same nurse gives hypodermics when required; syringes and needles are kept in carbolic solutions and so may be handled with sterile hands. The senior and junior nurses retract, if needed. When a change of towels is indicated, the soiled ones are removed by the assisting nurses, and the clean ones put in place by the clean nurse. The hand douches and irrigations are kept changed and hot by her. The dressings are taken from the drum when needed.

While the suturing is being done, the instrument trays are placed in the instrument boiler by the senior nurse; bloody instruments are taken to the sink and scrubbed, and returned to the boiler. The basins are emptied; if contaminated, are put in basin boiler; if clean, are immersed in bichloride tub. The nurse then changes her gloves and gauntlets, puts fresh towels and covers on tables, gets out the fresh hand douches, and is ready to assist with draping and bringing in the next case.

The junior nurse puts on the strapping, assists the house surgeon to adjust binders or bandages. With the help of an orderly, she wheels the table into the etherizing room, where the patient is placed on the stretcher to be taken back to the ward; in this way stretchers and blankets do not have to be brought into the operating room. A nurse from the ward comes to the operating room to watch the patient after the anæsthetist leaves to start the next case.

Gowns are not changed between cases, but sterile bibs are tied over the front of gowns, if necessary, after dirty cases. Our routine is to operate as far as possible on clean cases first.

Three nurses at a time are being trained, a new one going to the operating room every two weeks, and remaining usually for six weeks. The routine work is apportioned to them.

After operations the senior nurse cleans and puts away the instruments. The junior nurse packs and sterilizes the dressing drums, and washes and boils the gloves. These are boiled fifteen minutes, dried and powdered, and put in separate muslin cases, ready for packing in the drums for sterilization. Needles are also sterilized in this way, being first arranged in a folded towel for convenience of handling; they are kept in much better condition by this manner of sterilization than when boiled more often.

The third nurse does the general cleaning up and putting in order

of the room. In this way nothing is left for the following day, so the operating room is just as much in readiness for use at one time as another. The only work to be done in the morning being the general daily dusting and the mending of gloves.

Dressing and operating-room supplies are made by probationers and convalescent patients in the wards.

HOW TO CARE FOR CONVALESCENT CHILDREN

By SUSAN BARD JOHNSON

Graduate of The Children's Hospital, Boston

CHILDREN are my specialty and I have never had the least difficulty in keeping them contented during convalescence—yet when asked how I amused them I felt perplexed.

After a little thought, I decided that I did not amuse them. The word amusement has an unpleasant connotation. It somehow suggests a stimulus provided to gratify a craving restlessness. About the last thing that a sensitive child needs is amusement.

I do make my children happy and I will try to tell you how I do it.

The first thing that is necessary for happiness is atmosphere. A child is not happy in a warm, close, fussy, fretty atmosphere. The kind of atmosphere in which a child will blossom into happiness, as a flower does in the sunshine, is secured by fresh air, cheerfulness, and serenity.

The windows in the child's room should be open night and day—except when he is being bathed. The child is in bed, with his legs tucked up warm, and a light flannel jacket protects the chest and arms. The fresh air is life-giving and he must have it.

Cheerfulness can be had in a sunny room with simple adornments, a few pretty, colored pictures and some flowers—a multitude of toys or ornaments are unrestful. The nurse can tactfully put away a few each time she dusts, until she has reduced the room to simplicity. A given child may not care directly for flowers, still a bunch of daisies or carnations adds to the pleasantness of the room, and so acts indirectly upon the sensitive little one.

What is necessary for serenity is a manner absolutely unhurried, perfectly gentle—yet firm, and unvaryingly cheerful. To be unhurried is the chief essential—more influence can be gained by that than any one dreams of.

Another requisite in behalf of serenity is not to have more than one or two people in the room at a time—one is better than two. Two